

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/588064		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13		12		12			63						
14		2		2			64						
15		00		12			65						
16		00		12			66						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	12	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←	50	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	29		62				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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